

Applicant's Name: Doctor Number:

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)
1 (a)	AMOUNT PAID	AMOUNT PAID
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =	
	minus 3 =	
MULTIPLE DEPENDENT CLAIMS PRESENT		(37 CFR 1.16(d))

DATE	TIME
	\$
X \$	
X \$	
X \$	
TOTAL	

DATE	FILE
AS	
AS	
AS	
TOTAL	

* If the difference in column 1 is less than zero, enter '0' in column 2

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total - (37 CFR 1.16(c))	•	• Minus	•
Independent (37 CFR 1.16(b))	•	• Minus	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))			

DATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL ADDL FEE	

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
+ \$ ____ =	
TOTAL	ADDITIONAL FEE

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	=
Independent (37 CFR 1.16(b))	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**		=
Independent (37 CFR 1.16(d))	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- ** If the "Highest Number Permitted" is 0 or 5, ...

.. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-FTO-9199 and select option 2.